

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Agency's Name: MiraCaregivers, LLC	CHAPTER 700
Address: 1542 Kamehameha IV Road, Honolulu, Hawaii 96819	Inspection Date: November 17, 2020 Initial (Office)

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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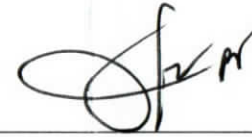
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-4 <u>License</u>. (h) Authorized staff of the department may make unannounced inspection visits to a home care agency at any time.</p> <p><u>FINDINGS</u> Initial office inspection was conducted on November 17, 2020; however, the agency office has no response and the administrator is unreachable by phone.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-4 <u>License</u>. (h) Authorized staff of the department may make unannounced inspection visits to a home care agency at any time.</p> <p><u>FINDINGS</u> Initial office inspection was conducted on November 17, 2020; however, the agency office has no response and the administrator is unreachable by phone.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The agency will update the department of the office address which is 1542-A Kamehameha IV road, Hon. HI 96819 (after entering the driveway, it is the brick house located behind the front house).</p> <p>The Agency office hours are Mondays thru Fridays, 8:00 AM to 5:00 PM.</p> <p>The Agency will assign an office staff during normal business hours, to accommodate all day-to-day office activities necessary for the agency to function.</p> <p>In addition, the Agency will assign a personnel to accommodate after hours and weekends calls.</p> <p>The Agency Administrator will ensure that he/she is always reachable by phone; if calls are missed, the Administrator will respond in a timely manner. Administrator's phone number is (808) 517-9444.</p> <p>Agency phone number is (808) 848-0587- (office ph. number).</p>	12/18/20

Licensee's/Administrator's Signature: _____



Print Name: JUN LYNARD TUGAS, RN

Date: 12/18/20

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